	FILED				
1	E-filing 08 JUL 16 AM 11:07				
2	CLERA RD W. WIEKING				
3	HORTHERN DISTRICT COURT				
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.8	UNITED STATES DISTRICT COURT				
9	NORTHERN DISTRICT OF CALIFORNIA 3430 MM				
10	Here La Million				
11	Plaintiff, CASE NO. £08-018-0				
12	PRISONER'S APPLICATION TO PROCEED				
13	IN FORMA PAUPERIS				
14	Defendant.				
15					
16	I, LILIC VC HNSCN, declare, under penalty of perjury that I am the plaintiff in				
17	the above entitled case and that the information I offer throughout this application is true and correct.				
18	I offer this application in support of my request to proceed without being required to prepay the full				
19	amount of fees, costs or give security. I state that because of my poverty I am unable to pay the				
20	costs of this action or give security, and that I believe that I am entitled to relief.				
21	In support of this application, I provide the following information:				
22	1. Are you presently employed? Yes No				
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the name				
24	and address of your employer:				
25	Gross: Net:				
26	Employer:				
27					
28	If the answer is "no," state the date of last employment and the amount of the gross and net salary				

1	and wages per month which you received. (If you are imprisoned, specify the last place of								
2	employment prior to imprisonment.)								
3	MAEURICIED								
4									
5									
6	2. Have you received, within the past twelve (12) months, any money from any of the following								
7	sources:								
8	a.	Business, Profession or	Yes No X						
9		self employment							
10	b.	Income from stocks, bonds,	Yes No						
11		or royalties?	*						
12	c.	Rent payments?	Yes NoX						
13	d.	Pensions, annuities, or	Yes No						
14		life insurance payments?							
15	e.	Federal or State welfare paymen	ts, Yes No						
16		Social Security or other govern-							
17		ment source?	2						
18	If the answe	r is "yes" to any of the above, describ	be each source of money and state the amount						
19	received from	m each.							
20									
21									
22	3. Are	you married?	Yes No						
23	Spouse's Full Name:								
24	Spouse's Place of Employment:								
25	Spouse's Mo	onthly Salary, Wages or Income:							
26	Gross \$	Ne	\$						
27	4. a.	List amount you contribute to you	our spouse's support:\$						
28	b. List the persons other than your spouse who are dependent upon you for support								

	ad ages. DO NOT INCLUDE THEIR NAMES.
5. Do you own or are you buying a home?	Yes No
Estimated Market Value: \$ An	nount of Mortgage: \$
6. Do you own an automobile?	Yes No
Make Year	Model
Is it financed? Yes No If so, To	otal due: \$
Monthly Payment: \$	- 1
7. Do you have a bank account? Yes	_ No (Do <u>not</u> include account numbers.)
Name(s) and address(es) of bank:	·
Present balance(s): \$	
Do you own any cash? Yes No 🔀 A	mount: \$
Do you have any other assets? (If "yes," provid	e a description of each asset and its estimated
market value.) Yes No 🔀	
· .	
8. What are your monthly expenses?	
Rent: \$ [Jtilities:
Rent: \$ [Jtilities:A
Rent: \$ [* 1 1 A
Rent: \$ [A [A [A [A [A [A [A	Clothing: A A
Rent: \$ \ A \ Food: \$ \ A \ Charge Accounts:	Clothing: A A
Rent: \$ \ A \ Food: \$ \ A \ Charge Accounts:	Clothing: A A

1	NONE					
2						
3	10. Does the complaint which you are seeking to file raise claims that have been presented in					
4	other lawsuits? Yes No _X					
5	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which					
6	they were filed.					
7						
.8						
9	I consent to prison officials withdrawing from my trust account and paying to the court the					
10	initial partial filing fee and all installment payments required by the court.					
11	I declare under the penalty of perjury that the foregoing is true and correct and understand					
12	that a false statement herein may result in the dismissal of my claims.					
13 14	7/1/08 ("iccol, 116010"					
15	DATE SIGNATURE OF APPLICANT					
16	<u>\</u>					
17	<i>±</i>					
18						
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28						

1 Case Number: LCE C16 C1 2 3 4 5 6 7 8 CERTIFICATE OF FUNDS 9 IN 10 PRISONER'S ACCOUNT 11 I certify that attached hereto is a true and correct copy of the prisoner's trust account 12 Johnson for the last six months at statement showing transactions of ER 10 13 MAGUIRE 14 [prisoner name] RECTIONA FACILITY where (s)he is confined. 15 16 [name of institution] I further certify that the average deposits each month to this prisoner's account for the most 17 recent 6-month period were \$ 576.65 and the average balance in the prisoner's account 18 each month for the most recent 6-month period was \$ 576.65. 19 20 Dated: 7-7-08 21 22 [Authorized officer of the institution] 23 24 25 26 27 28

21:38:14 02 Jul 2008

ID NUMBER: 285749

INMATE: JOHNSON, ERIC

DATE		TIME	RECEIPT	DEPOSIT OR <withdraw></withdraw>	BALANCE	AUTHORIZATION	
09	Apr	08	12:34	1422722	0.00 20.00 20.00	20.00	RCS/ NEW BOOKING SS/ JUNIOR RS/MO 5756644864 3
10	Apr	08	05 : 57	1422791	356.65	396.65	RS/MO 5756644444
16 18 23 25 30 30 02 06 07 09 14	Apr Apr Apr Apr Apr Apr May May May May	08 08 08 08 08 08 08 08 08 08 08	05:46 05:48 05:50 05:40 05:58 12:24 05:45 13:38 05:42 04:34 06:01	1425661 2191913 2192251 2192802 2192960	<55.00> <59.40> <35.00> <52.90> <34.90> <9.00> <41.60> 70.00 <32.50> <22.80>	285.35 225.95 190.95 138.05 103.15 94.15 52.55 122.55 90.05 67.25 36.35	COMMISSARY COMMISSARY COMMISSARY COMMISSARY COMMISSARY COMMISSARY MEDICAL COMMISSARY DN/ARTIE COMMISSARY COMMISSARY COMMISSARY COMMISSARY
04 06	Jun Jun	80	05:52 05:53	2194266	<14.60> <0.40> 25.00	0.45 0.05	5044 JEA JEA COMMISSARY
25 27 01	Jun Jun Jul	80 80 80	22:13 05:51 13:12	2282243 1431692	<25.00> 50.00 <49.90> 20.00 <20.00>	50.05 0.15 20.15	COMMISSARY CO: MOHAMAD COMMISSARY RS/ MANESS